

Board of Community Health  
Meeting  
February 11, 2021

**Members Present**

Norman Boyd  
Roger Folsom  
Mark Trail  
David Crews  
Russell Crutchfield  
Anthony Williamson  
Kenneth Davis

**Members Absent**

Russ Childers

The Board of Community Health held its meeting via WebEx teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

**Minutes**

The Minutes of the January 14, 2021 meeting are pending approval due to an edit.

**Commissioner's Report**

Commissioner Berry thanked the Board, members of the public and staff for their participation via WebEx.

Commissioner Berry updated the Board on the following:

- Board retirement: December 2020, Allana Cummings, Secretary
  - Commissioner Berry shared a commendation from Governor Brian P. Kemp.
  - On behalf of the Board, Chairman Boyd thanked Ms. Cummings for her service.
- Comprehensive Supports Waiver Program (COMP), Waiver Renewal; New Options Waiver Program (NOW)
  - Thanked families for their comment submissions.
  - Committed to ensure families receive the best care.

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for final adoption the Comprehensive Supports Waiver Program (COMP), Waiver Renewal; New Options Waiver Program (NOW), Waiver Amendment Public Notice.

The COMP and the NOW programs provide home and community-based services to individuals with intellectual and/or developmental disabilities. The COMP and the NOW are 1915(c) Medicaid waivers which must be renewed every five years.

The COMP expires at the end of March and must be renewed. While the NOW will not expire on the same date, the waiver will be amended to incorporate all applicable changes.

An opportunity for public comment was held on November 18, 2020 at 10:30 a.m. via WebEx. Written comments were due on or before December 14, 2020. A summary of the public comments was provided during the January 14, 2021 Board meeting.

During the January 14, 2021 Board meeting, the Board agreed to table their vote on the matter to allow the Department an opportunity to obtain additional guidance from the Centers for Medicare and Medicaid Services (CMS) on the proposed waiver changes and to address the Board's outstanding questions. The outstanding questions related to the limits placed on the number of skilled nursing hours an individual may receive and the limits placed on the amount of additional staffing hours an individual may receive.

Ms. Rhodes provided a summary of the proposed changes which are at issue:

DCH proposed to limit the number of skilled nursing hours to 16 hours per day. Additionally, DCH proposed to limit the number of additional staffing hours to 6 hours per day.

DCH also proposed four (4) exceptions that would allow an individual to exceed the proposed limits. The four exceptions are:

1. Individual has an active criminal court order which requires specific staffing requirements beyond the scope of traditional Community Living Support (CLS), Community Access Group (CAG), or Community Residential Alternative (CRA) services.
2. Individual has transitioned from an intermediate care facility (ICF-ID) or other institution within the past six months and requires additional staffing (clinically assessed transition needs necessitate additional staffing.)
3. Individual is in the process of transitioning from a crisis home or other crisis setting and has an assessed need for additional staffing for whom a CRA placement is not available.
4. Individual has a documented history of being incapable of living with others due to challenging behavior(s) that present significant risks to him/herself or others, as validated by a Department of Behavioral Health and Developmental Disabilities (DBHDD) completed clinical assessment.

Ms. Rhodes informed the Board that the Department had spoken with CMS regarding the proposed limits on the number of skilled nursing hours and additional staffing hours

and that CMS did not pose any objections to the proposed limits or the exception criteria.

Ms. Rhodes provided responses to the questions posed by the Board during the January 14, 2021 Board meeting and placed emphasis on the 7000 individuals who are on a planning list waiting to receive services. The previous board questions are outlined below:

1. What is the impact to the current members?

**Response:** Some of the current members may be impacted by the proposed changes. However, per the provisions of the transition plan, members who are receiving skilled nursing services or additional staffing services in excess of the proposed limits will be assessed to determine if they fall within one of the four exception criteria. If the individual falls within one of the four exception criteria, the individual will be allowed to exceed the proposed cap.

For those individuals who do not fall within the proposed caps, DCH proposed the following alternative options:

- a. Shared services (roommate or housemate): combine their resources
- b. Group Home setting
- c. Host Home setting
- d. Or if available, the family could assist with filling the gap.

While the preferred method would have been to “grandfather” our current waiver participants, CMS has made it abundantly clear that “grandfathering” is not permissible.

2. Are the proposed limits temporary?

**Response:** No, the proposed limits will remain in place for the duration of this approved waiver period. This is not a time-limited or temporary approach.

3. Why are we taking this approach instead of defining a level of care criteria?

**Response:** After a thorough review of all options, we have determined that this is the best approach to ensure that we are providing access to as many people as possible. Additionally, level of care speaks to whether or not an individual is eligible for the COMP waiver, not a specific service within the waiver. It is the basic eligibility requirement to receive waiver services. Once level of care (basic eligibility) is determined, each waiver recipient undergoes a clinical assessment to determine which supports he or she is eligible to receive, based upon the description of each individual service or “service definition.”

As a reminder, DCH has proposed a transition period of 18-24 months. While we have asked for 24 months, it is important to note that CMS's current policy as it relates to transition periods is to allow 18 months. DBHDD will designate a Utilization Manager to assist Regional Field Office staff in working with individuals and/or guardians in transition planning. Individuals receiving more than 6 hours daily of Additional Staffing in their own or family owned home will be assessed for the presence of exception criteria defined in the waiver application.

Exception criteria assessments will be completed within six months of the renewal waiver approval to allow time for interviewing family or other knowledgeable historians about previous experience with congregate living arrangements, and reviewing historical behavior assessments, functional or nursing assessments and other related information that can provide full understanding of exception criteria application.

Additionally, shared community living supports is an available option. Shared community living supports allows two or three waiver members to share one staff person. This will allow a greater number of services as members are sharing staff.

4. Is this approach consistent with other states?

**Response:** Yes, the approach that Georgia is taking with respect to the proposed waiver changes is consistent with other states.

During the meeting, the Board asked additional questions which are outlined below:

1. What budget requests were made by DBHDD to fund additional slots for the waivers for SFY21 and SFY22?

**Response:** A request for two hundred (200) waiver slots was made and is currently under consideration for SFY22.

2. Is there a legislative mandate or a directive from OPB to make the proposed cuts?

**Response:** No, there is not a legislative mandate or directive to make the proposed cuts.

3. As the assessments of the members have not been done, do we know the fiscal impact?

**Response:** No, DCH does not know the fiscal impact at this time.

The Board further noted that Oregon Medicaid allows 24-hour services and South Carolina allows 23 ½ hours.

A procedural question was asked regarding the Public Notice.

Norman Boyd MADE a MOTION to approve for final adoption the Comprehensive Supports Waiver Program (COMP), Waiver Renewal; New Options Waiver Program (NOW), Waiver Amendment Public Notice. Kenneth Davis SECONDED the MOTION. ON THE MOTION, the yeas were 6, nays 1, abstained 0, and the MOTION was APPROVED.

(A copy of the Comprehensive Supports Waiver Program (COMP), Waiver Renewal; New Options Waiver Program (NOW), Waiver Amendment Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

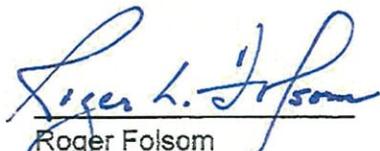
#### New Business/Closing Comments

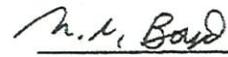
On behalf of the Board, Chairman Boyd thanked the Department and others for the hard work done for the state of Georgia during this pandemic.

#### Adjournment

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 10:56 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 8<sup>th</sup> DAY OF April, 2021.

  
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Roger Folsom  
Vice-Chairman

  
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Norman Boyd  
Chairman

#### Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Comprehensive Supports Waiver Program (COMP), Waiver Renewal; New Options Waiver Program (NOW), Waiver Amendment Public Notice